1994-1995 AIR QUALITY STUDY
LAST VISIT SURVEY

NAME: Participant No:

1a. Which methods of cooking are used in your household? (CIRCLE ALL NUMBERS THAT APPLY UNDER COLUMN 1a)

1b. And which do you use the most often? (CIRCLE ONE NUMBER ONLY UNDER COLUMN 1b)

	1a. USE	1b. USE MOST OFTEN
Microwave Oven		1
Electric Cooker		2
Gas Cooker	3	3
Other (please specify)	4	4

2. Which, if any, of the following do you use on a fairly regular basis, say at least once a week?
(PLEASE TICK ALL THAT APPLY)

	(IF USED, WHICH TYPE?)	
Air Freshener:-	(Aerosol can (pressurised)	☐ 1
	(Solid	☐ 2
	(Heated Potpourri	☐ 3
	(Liquid	☐ 4
Liquid Bleach		☐ 5
Furniture Polish:-	(Aerosol can (pressurised)	☐ 6
	(Spray pump (unpressurised)	☐ 7
	(Liquid/Paste	☐ 8
Hair Spray/other hair care sprays:-	(Aerosol can (pressurised)	☐ 1
	(Spray pump (unpressurised)	☐ 2
Kitchen/Surface cleaner:-	(Aerosol can (pressurised)	☐ 1
	(Spray pump (unpressurised)	☐ 2
	(Liquid/Paste	☐ 3
Window Cleaner:-	(Aerosol can (pressurised)	☐ 1
	(Spray pump (unpressurised)	☐ 2
Fingernail Polish/Remover		☐ 1
Carpet Freshener (powder)		☐ 1
Carpet Cleaner:-	(Aerosol can (pressurised)	☐ 1
	(Spray pump (unpressurised)	☐ 2
	(Stick (solid)	☐ 3

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Laundry Stain Remover:-	[Aerosol can (pressurised)	☐ 1
	[Spray pump (unpressurised)	☐ 2
	[Stick (solid)	☐ 3
Perfume/Aftershave Cologne:-	[Aerosol can (pressurised)	☐ 1
	[Spray pump (unpressurised)	☐ 2
	[Liquid	☐ 3
Deodorant:-	[Aerosol can (pressurised)	☐ 1
	[Liquid/Cream (unpressurised)	☐ 2
	[Solid	☐ 3
Insect Killer:-	[Aerosol can (pressurised)	☐ 1
	[Spray Pump (unpressurised)	☐ 2
	[Solid	☐ 3
	[Powder	☐ 4

3a. What type of heating do you have in your home? (CIRCLE ALL THAT APPLY IN COLUMN 3a)

3b. (For each one circled at 3a...) Does your heating system have a fan or other mechanism that somehow "forces" the heated air into the room or "circulates" it throughout the house? (Examples: Heat pump, central air, fireplace heatalator) (CIRCLE "YES", "NO", OR "DK" IF DON'T KNOW IN COLUMN 3b)

3c. Which type of heating do you use most often? (CIRCLE ONE NUMBER IN COLUMN 3c).

	3a (HAVE)	3b (FORCED AIR)			3c (USE MOST OFTEN)
Electric	1	Yes	No	DK	1
Gas	2	Yes	No	DK	2
Parafin	3	Yes	No	DK	3
Steam	4	Yes	No	DK	4
Oil	5	Yes	No	DK	5
Solid fuel:					
wood burning	6	Yes	No	DK	6
coal burning	7	Yes	No	DK	7
gas logs	8	Yes	No	DK	8
Don't know	9				9

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3d. Is your home air conditioned?

Yes ☐ 1
No ☐ 2

3e. How is your home cooled? (CIRCLE ALL THAT APPLY IN COLUMN 3e).

3f. Which type of cooling system is used most often in your home? (CIRCLE ONE NUMBER IN COLUMN 3f)

	3e (HAVE/USE)	3f (USE MOST OFTEN)
Central air/Heat pump		1
Window air conditioning unit	2	2
Evaporative cooler	3	3
Fan - ceiling	4	4
Fan - window	5	5
Open the windows	6	6
Don't know	7	7

4. Do you have any type of air cleaning device in your home?

Yes — What type?
Portable ☐ 1
Central air ☐ 2
Both ☐ 3
Don't Know ☐ 4
No ☐ 5
Don't know ☐ 6

5. In a typical week, do you have any visitors or in-home workers who smoke cigarettes in your home?

Yes ☐ 1

Approximately how many cigarettes are smoked by these people in your home in a typical week?

(write no. in box) ☐☐☐

No ☐ 2

6. How many, if any, live house plants do you have in your home?

(write no. in box) ☐☐☐

7. Have you ever lived in a residence where a pet bird was kept? (TICK ONE NUMBER ONLY)

Yes, we keep a pet bird in my current home ☐ 1
Yes, there was a pet bird where I used to live ☐ 2
No, never ☐ 3

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8a. What are your main hobbies? (CIRCLE ALL THAT APPLY IN COLUMN 8a)

8b. Which hobbies have you spent any time doing in the last five days? (CIRCLE ALL THAT APPLY IN COLUMN 8b).

8c. And what are the main hobbies of others in your household? (CIRCLE ALL THAT APPLY IN COLUMN 8c)

INSIDE ACTIVITIES	8a. Your Main Hobbies	8b. You Did In Last 5 Days	8c. Hobbies of Others in Household
Reading, Writing	1	1	1
Sewing	2	2	2
Watching TV/Video	3	3	3
Crafts	4	4	4
Painting (pictures)	5	5	5
Puzzles/Games	6	6	6
Cooking/Entertaining	7	7	7
Model Making	8	8	8
Aerobics/Exercise	9	9	9
Other	10	10	10
OUTSIDE ACTIVITIES			
Painting	51	51	51
Outdoor Entertaining	52	52	52
Running/Jogging	53	53	53
Other Exercise	54	54	54
Other sports	55	55	55
Gardening	56	56	56
Yardwork	57	57	57
Other	58	58	58

9a. Are most or all of the floors in your home carpeted?

Yes ..... ☐ 1
No ..... ☐ 2

9b. Has new carpeting been installed anywhere in your home during the past six months?

Yes — How long ago?
In the past week ..... ☐ 1
Less than 1 month ago ..... ☐ 2
1-3 months ago ..... ☐ 3
3-6 months ago ..... ☐ 4
No ..... ☐ 5

9c. Have any decorating or renovation projects been completed in your house within the last six months? (i.e painting, new kitchen etc)

Yes ..... ☐ 1
No ..... ☐ 2

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9d. Has the inside of your home been sprayed by a pest controller/exterminator within the past month?

Yes ☐ 1
No ☐ 2

10a. How frequently do you bring home clothes from a dry-cleaner? (TICK ONE NUMBER)

Once a week ☐ 1
Once a month ☐ 2
Once every 2-3 months ☐ 3
Once every 4-6 months ☐ 4
Once every 7-11 months ☐ 5
Once a year ☐ 6
less than once a year ☐ 7
Never ☐ 8

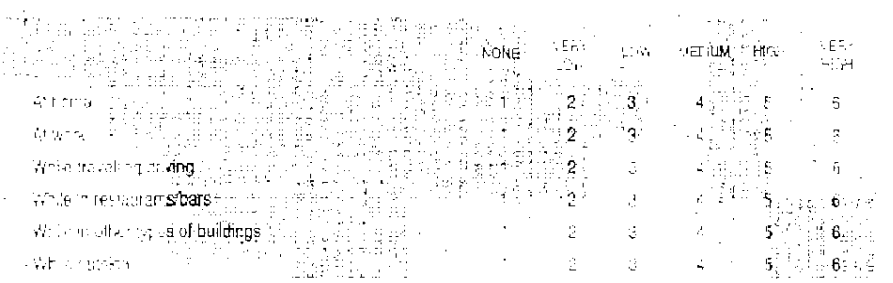
10b. And how many times did you bring dry cleaning home during this past week?

(write in no. of times) ☐☐

11. In which environment do you think that you are exposed to the most tobacco smoke in the air?
(TICK ONE NUMBER ONLY)

While at home ☐ 1
While at work ☐ 2
While travelling/driving ☐ 3
While in restaurants/bars ☐ 4
While in other types of buildings ☐ 5
While outdoors ☐ 6
Nowhere/not exposed ☐ 7

12. During the study period, how do you rate your exposure to tobacco products (cigarettes, pipes, cigars)
(CIRCLE AS APPROPRIATE FOR EACH LOCATION)



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13. Please circle the frequency with which you personally ate the following foods during the past month. (CIRCLE ONE NUMBER IN EACH ROW)

	Ate more than once a day	Ate once a day	Ate 2-6 times per week	Ate once a week	Ate less than once a week	Never or [illegible]
Eggs	1	2	3	4	5	6
Butter	1	2	3	4	5	6
Margarine	1	2	3	4	5	6
Green vegetables (spinach, peas, broccoli, etc)	1	2	3	4	5	6
Salad	1	2	3	4	5	6
Yellow vegetables (carrots, corn, etc)	1	2	3	4	5	6
Beef, Veal or Pork	1	2	3	4	5	6
Chicken	1	2	3	4	5	6
Fish	1	2	3	4	5	6
Fruit	1	2	3	4	5	6
Fruit Juices	1	2	3	4	5	6
Vitamin supplements	1	2	3	4	5	6
Bran or Bran cereal	1	2	3	4	5	6
Tomatoes, Tomatoes/ Peppers, Eggs and	1	2	3	4	5	6

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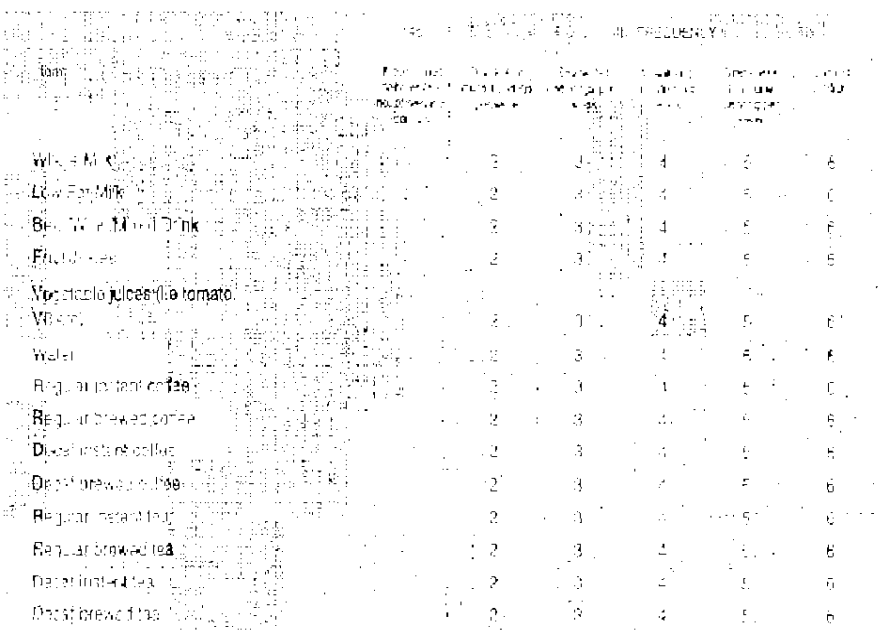
14a. Please look at the beverages listed below. For each beverage that you drink on a daily basis, please write in the number of servings you drink per day.

14b. For each beverage that you do not drink on a daily basis, please circle one number to indicate how often, if at all, you drank that beverage during the past month.



15a. Is your personal health....(TICK ONE NUMBER)

- Excellent ☐ 1
- Good ☐ 2
- Fair ☐ 3
- Poor ☐ 4

15b. How often, if at all, do you exercise? (TICK ONE NUMBER)

- Daily ☐ 1
- 4-6 times a week ☐ 2
- 2-3 times a week ☐ 3
- Once a week ☐ 4
- Less than once a week ☐ 5
- Never ☐ 6

15c. Have you had any major health problems in the last five years?

- Yes ☐ 1
- No ☐ 2

(Skip to Q.16)

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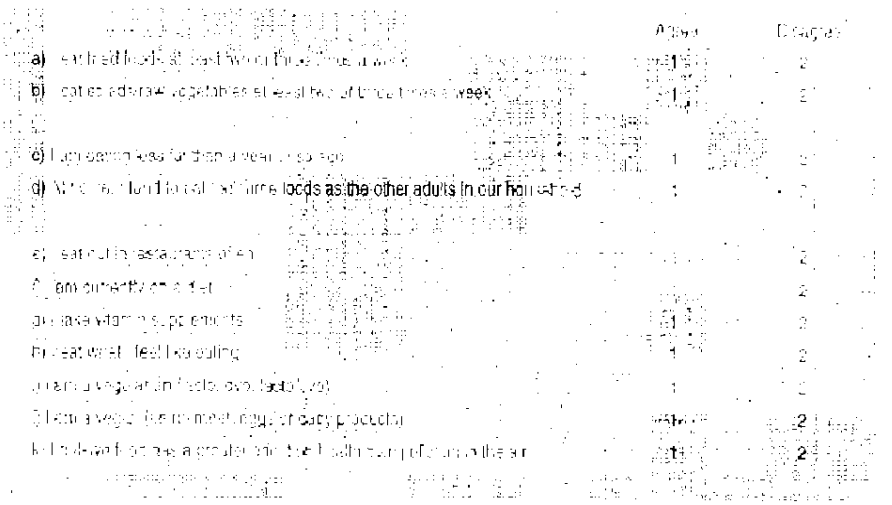
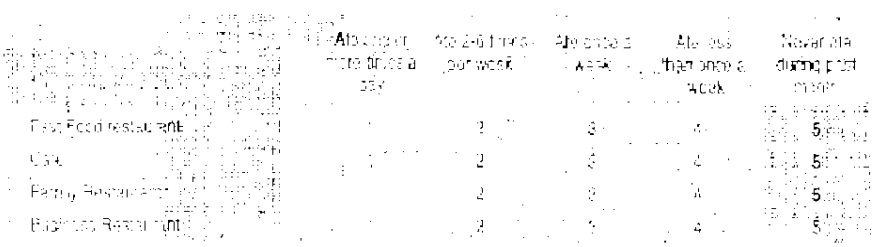
15d. What does (do) your health problem(s) involve?

- Heart ☐ 1
- Diabetes ☐ 2
- Breathing ☐ 3
- Kidney ☐ 4
- Other ☐ 5

16. (CIRCLE UNDER "AGREE" OR "DISAGREE" FOR EACH STATEMENT)



17. Please circle the frequency with which you personally ate at the following types of restaurant during the past month. (CIRCLE ONE NUMBER IN EACH ROW)



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THESE LAST QUESTIONS ARE ONLY FOR PURPOSES OF DIVIDING PARTICIPANTS INTO GROUPS.

18. To make sure we include a variety of participants, are you..?

White/Caucasian	☐ 1
Black African	☐ 2
Black Caribbean	☐ 3
Black Other	☐ 4
Asian Indian	☐ 5
Asian Chinese	☐ 6
Asian Other	☐ 7

19. What is the highest level of education that you have completed? (TICK ONE NUMBER BELOW)

Secondary High School	☐ 1
Completed Secondary/High School	☐ 2
Some College/University	☐ 3
Completed College/University	☐ 4
Post Graduate Work	☐ 5

20. Is your total household income...?

Less than £10,000	☐ 1
£10,000 - £19,999	☐ 2
£20,000 - £29,000	☐ 3
£30,000 - £39,000	☐ 4
£40,000 - £49,000	☐ 5
£50,000 - £74,000	☐ 6
£75,000 - £99,000	☐ 7
£100,000 or more	☐ 8

PLEASE SEE ONE OF OUR INTERVIEWERS TO REVIEW YOUR QUESTIONNAIRES, AND RECEIVE YOUR GRATUITY. THANK YOU FOR PARTICIPATING IN OUR AIR QUALITY PROJECT.

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